



# Our Lady of Lourdes

Catholic School

Dear Prospective Family,

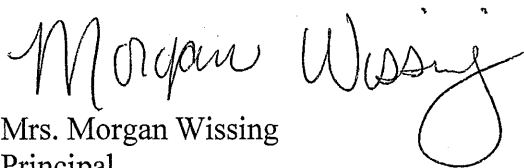
My name is Morgan Wissing and I am delighted to serve as Principal of Our Lady of Lourdes Catholic School. We are honored that you are exploring Lourdes as a potential school for your family. The decision about your child's education is among the most important a parent can make. Our community has dedicated, talented members committed to doing what is in the best interest of our students. I share in the commitment to care for your children each and every day while providing them a learning environment that is safe, welcoming, and engaging.

For the last 17 years, I have worked at Lourdes as a teacher, reading specialist, Assistant Principal, and now Principal. As Principal, I have the chance to work collaboratively with teachers on a daily basis, while also remaining connected to students who are learning and growing in the classroom. I believe that the partnership between home and school builds confidence in students to use their powers to shape their future and the future of our community. As a parent myself, I always want what is best for my children and will work tirelessly to ensure your children have the best possible experiences at Our Lady of Lourdes.

I am so grateful that the faculty and staff at Lourdes have a genuine love and devotion to our school community. I look forward to the journey ahead with a community where parents, teachers, and students care for each other and strive to build positive relationships.

Direct inquiries regarding admission to me or Mrs. Vicki Patton, Administrative Assistant, at 895-5122 or [vickip@ourlourdes.org](mailto:vickip@ourlourdes.org). Thank you for your interest in Our Lady of Lourdes Catholic School!

Sincerely,



Mrs. Morgan Wissing  
Principal

# OUR LADY OF LOURDES ADMISSIONS POLICY

## **Admissions Policy K-8**

Students of the Catholic faith who are appropriately participating in the sacramental life of the parish, with a family record of active participation in the values of stewardship, will be considered first for enrollment in the parish school.

## **Order of Acceptance of Applications**

Parishioners will be notified of the registration timetable on the school's Sycamore site and on the school's website. Applications will be accepted as shown below. If needed, priority will be based on the date of the family registration in the parish and/or the submission deadline date of the school registration. At the end of the designated registration period, acceptance of the applications received during this time will be based on:

1. Students whose families have children currently enrolled in Lourdes Preschool.
2. Students whose families have children currently enrolled in Lourdes School.
3. Students whose families are active parishioners but do not have children in Lourdes School.
4. Students of families who are enrolling multiple students.
5. Students of families who are not active Lourdes parishioners.

After the designated registration period, if classes are full, all applications submitted will be placed on a waiting list in the order they were submitted.

**Age Requirement:** Children who will be 5 years of age by August 1 of the current year may be admitted to Kindergarten. Children who will be 6 years of age by August 1 of the current year are eligible to enter first grade.

## **Guidelines for New and Transferring Students**

All transferring families must present a letter from their previous parish confirming they have fulfilled all financial obligations. The school may request teacher recommendations, as well as student records.

### ***Full disclosure is required:***

- It is required for parent(s)/guardian(s) to fully disclose all health needs, learning and behavior assessments concerning the student. The school will decide if its program will best meet an individual's learning needs.
- The school is equipped only to serve students with mild disabilities. Substantive behavioral disabilities cannot be properly served by the parish school. The classroom teacher/pupil ratio does not allow for the time needed to redirect behaviors.

**Provisional Acceptance:** At the discretion of the administration, students transferring to Lourdes may be accepted on a provisional basis. This period of adjustment gives both the school family and school personnel the opportunity to know if the Lourdes program is the best for the student.

Application for admission must be made through the office of the Principal. The Principal, upon interviewing the former school administration, as well as reviewing the student's records, will determine if this parish school is the appropriate school program and environment for the student. For students in grades 5-8, an interview with the Principal may be required.

## **Specific Admissions Documentation Needed:**

A portfolio containing past progress reports, work samples, standardized test results and any special assessment reports, birth certificate, sacramental certificate(s), and, if applicable, divorce/custody agreement.

**Required Documents for Applications to be  
Accepted for Approval**

Completed Application (Front and Back)

Information Regarding Student

Parish Verification Form

Release of Records (use for grades 1-8)

**Documents Required with Application:**

Birth Certificate

Social Security Card

Immunization Certificate

Baptismal Certificate

Copy of last Report Card for students applying in Grades 1-8

***\$200/per student Application Fee with completed Application***

**2025-2026 Registration and Information**

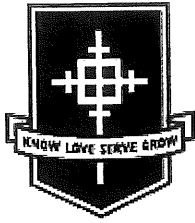
Completed applications will be accepted October 1, 2024 thru October 15, 2024.

**Students in our PreSchool program must submit an application for the Kindergarten – 8<sup>th</sup> grade program.**

Acceptance letters will be mailed before December Break or as soon as school resumes in January.

Near the end of April or beginning of May, families of Kindergarteners will be contacted to set up a time for the Kindergarten Readiness Test.

\*\*\*Dates subject to change\*\*\*



# Our Lady of Lourdes

Catholic School

2025-2026 K-8 Application

510 Breckenridge Lane  
Louisville, KY 40207  
502-895-5122, option 5

A National Recognized Blue Ribbon School of Excellence – 2008, 2018

Current Family Data	PARENT/GUARDIAN	PARENT/GUARDIAN
Name		
Relationship (Mother, Father, Step-parent, Guardian, Grandparent, Deceased)		
Marital Status (Married, Single, Widowed, Divorced/Remarried, Separated)		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
E-mail Address (PLEASE PRINT CLEARLY)		
Religion		
Employer		
Occupation		
How did you hear about Our Lady of Lourdes?		

Direct Correspondence to: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Names and dates of birth of ALL children in family (list pre-school children first):

Boys \_\_\_\_\_

Girls \_\_\_\_\_

Custody (if applicable):  
 Single (Y/N) \_\_\_\_\_ Name: \_\_\_\_\_  
 Joint (Y/N) \_\_\_\_\_ Names: \_\_\_\_\_

If you and the physician of your choice, as indicated on back, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes  No Signature of parent or guardian: \_\_\_\_\_

As a parent and/or guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger child's life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

Yes  No Signature of parent or guardian: \_\_\_\_\_

\*\*\*\*\*PLEASE FILL OUT STUDENT INFORMATION ON THE BACK\*\*\*\*\*

## STUDENT INFORMATION

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Proposed Grade Placement: \_\_\_\_\_  
 Oldest Child in School - (Y/N) \_\_\_\_\_

Student's Social Security # \_\_\_\_\_  
 Birth City/State/Country: \_\_\_\_\_  
 Ethnicity: Hispanic/Latino OR Non-Hispanic/Latino  
 Race : \_\_\_\_\_

**Permission to share email(s) with School/Parish groups:**

Yes \_\_\_\_\_ / No \_\_\_\_\_

**Religious Records:**

Religion: \_\_\_\_\_

SACRAMENT	DATE	CHURCH	CITY/STATE	ZIP
Baptism				
First Eucharist				
First Reconciliation				
Confirmation				

**Health/Emergency Information: (*Persons to contact AFTER parent*)**

1st Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2nd Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health/Physical Limitations: \_\_\_\_\_  
 Medicine: \_\_\_\_\_  
 Immunization Expiration Date: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**Transfer Information:**

School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrew: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason code: (circle appropriately)**

Codes: 1 - Completed Program    2 - Moved    3 - Illness    4 - Parent Choice    5 - Other

**TUITION AGREEMENT:**

I (we) agree to the financial responsibility to establish a FACTS account for the current school year which includes selecting a payment plan and method of payment. I (we) agree to stay current in accordance with the chosen preferred tuition payment plan and paid-in-full by the end of the current school year in order to re-enroll for the following school year, in order to receive a diploma for an eighth grade graduate, or in order for Our Lady of Lourdes Parish School to transfer information from our school to another school.

I (we) agree to that all past due balances need to be paid before beginning the new school year.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Fee Paid    Date \_\_\_\_\_    CK# \_\_\_\_\_  
 Baptismal Certificate Verified (Y/N) \_\_\_\_\_  
 Immunization Certificate (Y/N) \_\_\_\_\_  
     Date of Expiration \_\_\_\_\_  
 Physical Exam Certificate (Y/N) \_\_\_\_\_  
 Birth Certificate Verified (Y/N) \_\_\_\_\_  
 Social Security Card Verified (Y/N) \_\_\_\_\_

Application Status (Circle One)  
 1A- Siblings  
 1B- Oldest  
 1C- Non-Catholic

Registered in Parish (Y/N)

Accepted/Not Accepted \_\_\_\_\_

Date Notified \_\_\_\_\_

# *Our Lady of Lourdes School*

## INFORMATION REGARDING STUDENT

FULL NAME OF STUDENT \_\_\_\_\_

NAME YOU WANT SCHOOL TO USE \_\_\_\_\_  
(NICKNAME, ETC.)

MOTHER/FATHER MARRIED TO EACH OTHER YES ( ) NO ( ) IF NO, PLEASE NAME STEP-PARENT(S)

\_\_\_\_\_

PRIMARY RESIDENCE WITH FATHER ( ) MOTHER ( ) OTHER-DESCRIBE ( )

\_\_\_\_\_

CUSTODY AGREEMENT YES ( ) NO ( ) PLEASE SUPPLY THE SCHOOL WITH A COPY

RECEIVED "FIRST STEPS" SERVICE YES ( ) NO ( ) STATE REASON

\_\_\_\_\_

PSYCHO-EDUCATIONAL TESTING YES ( ) NO ( ) If yes, PLEASE SUPPLY THE SCHOOL WITH THE DIAGNOSIS

SPEECH THERAPY IF yes, HOW LONG \_\_\_\_\_

OCCUPATIONAL THERAPY IF yes, HOW LONG \_\_\_\_\_ PLEASE SUPPLY THE SCHOOL WITH THE DIAGNOSIS

CHECK IF CHILD HAS ONE OF THE FOLLOWING IEP\_\_\_ 504 PLAN\_\_\_ SSP\_\_\_

HEALTH ISSUE \_\_\_\_\_

MEDICATION \_\_\_\_\_

HEARING LOSS? TUBES? \_\_\_\_\_

STATE OTHER INFORMATION PERTINENT TO CHILD'S SAFETY AND/OR ACADEMIC NEEDS

\_\_\_\_\_

HAS THERE BEEN ANY ACADEMIC INTERVENTION? \_\_\_\_\_

PRE-SCHOOL \_\_\_\_\_ PHONE# \_\_\_\_\_ TEACHER \_\_\_\_\_

PARENT NAME (PLEASE PRINT) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

# Our Lady of Lourdes School

510 Breckenridge Lane – Louisville, KY 40207  
(502) 895-5122, Option 5

## Parish Enrollment Verification Form

Name (Parent): \_\_\_\_\_ Date: \_\_\_\_\_

Are you a registered member of a Catholic Parish: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, what Parish are you a member: \_\_\_\_\_

Currently a Lourdes school family (K – 8): Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of Children to be enrolled in upcoming school year: \_\_\_\_\_

Religion of enrolling Child: Catholic: \_\_\_\_\_ Other denomination: \_\_\_\_\_

### -----Parish Office Use Only-----

Family is a registered member of the Lourdes Parish: Yes No

If yes, Parish ID number: \_\_\_\_\_ Date Registered: \_\_\_\_\_

#### Stewardship on file:

	<u>Previous Year:</u>				<u>Current Year:</u>			
	<u>Intention</u>		<u>Fulfilled</u>		<u>Intention</u>		<u>Fulfilled</u>	
Time/Talent:	Yes	No	Yes	No	Yes	No	Yes	No
Treasure:	Yes	No	Yes	No	Yes	No	Yes	No

#### Tuition-Up coming school year - Total Family:

Parishioner: \$ \_\_\_\_\_ Non-Parishioner: \$ \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

# *Our Lady of Lourdes School*

510 Breckenridge Lane – Louisville, KY 40207

(502) 895-5122, Option 5

Email: vickip@ourlourdes.org

## Request and Release Form for Records

(grades 1 thru 8)

Please send copies of school and health records for the following student(s) that entered or will be entering our school on \_\_\_\_\_.

Written permission to release these records has been given, as indicated below:

Student: \_\_\_\_\_, DOB \_\_\_\_\_, Grade \_\_\_\_\_

Student: \_\_\_\_\_, DOB \_\_\_\_\_, Grade \_\_\_\_\_

Student: \_\_\_\_\_, DOB \_\_\_\_\_, Grade \_\_\_\_\_

Student: \_\_\_\_\_, DOB \_\_\_\_\_, Grade \_\_\_\_\_

### Permission for Release of Records:

\_\_\_\_\_ has my permission to release the  
(name of prior school)

records of my child/children, named above to Our Lady of Lourdes School.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_